

etc.)

## **Pikeville Police Department**

25 Municipal Drive, Pikeville, Tennessee 37367 Phone | 423.447.2585 Facsimile | 423.447.3072



## **PROJECT SAFE RETURN**

## PERSON PROVIDING INFORMATION

Las	st Name		Firs	t Name		Middle Initial
Phone Number		Email Address				
AT-RISK INDIVIDU	AL PERSONAL INI	FORMATION				
Las	st Name		Firs	t Name		Middle Initial
Date of Birth		Preferred Na	ame (Nickna	ame)		
Address						
	Street		City		State	Zip Code
Type of Address:	Nursing Home	Apartment	House	Other _		
Male / Female	Race	Hair Color		Eye Color	– ———— Height	
<b>Distinguishing Fea</b> (Scar, Marks, Tattoos,						
						Limit 110 Characters
Physical Disabilitie (Autistic, Alzheimer's,	, Blind, Deaf,					
Dementia, Non-Verba	al, etc.)					Limit 110 Characters
Other Conditions:						
(Attracted to Water, S Non-Sense of Danger,	, Cognitive					
Impairment, Known T	riggers, etc.)					Limit 140 Characters
Calming Technique (Favorite Stuffed Anir Colors, etc.)						
						Limit 140 Characters
Suggested Ways to Communicate/Into (Slow Movement, Qu	eract:					

Limit 140 Characters

Does Individual Speak English? Yes	No If NO, first language:_	
Has Individual ever wandered away/gotter If YES, please explain:	n lost before? Yes No	
Is there a place(s) the Individual likes to go (attracted to) or that we should check first		Limit 120 Characters
**Please include a recent p Photographs may be updated ye  EMERGENCY CONTACT #1	hoto of the individual when sulearly by sending via email to Pike	_
Last Namo	First Name	Middle Initial
Last Name	First Name	Middle Initial
Last Name  Address  Street		Middle Initial  State Zip Code
Address	City	State Zip Code
AddressStreet	City Alternate Phone:	
AddressStreet  Phone Number:	City Alternate Phone:	State Zip Code
Address Street  Phone Number:  Email Address:	City Alternate Phone:	State Zip Code
AddressStreet  Phone Number: Email Address:  EMERGENCY CONTACT #2  Last Name  Address	City  Alternate Phone:  Relation to Individual: _  First Name	State Zip Code  Middle Initial
Address  Street  Phone Number:  Email Address:  EMERGENCY CONTACT #2  Last Name	City  Alternate Phone:  Relation to Individual: _  First Name	State Zip Code
AddressStreet  Phone Number: Email Address:  EMERGENCY CONTACT #2  Last Name  Address	City  Alternate Phone:  Relation to Individual: _  First Name  City	State Zip Code  Middle Initial

Print Form